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	SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check onl	NUMBER: PAGE 238 / 373 y one) 17 18 19a 19b	
_		Dotailed Carrierally 1 ago		X 20a 20b 20c 21	
	Any Information copied from such Reports and Store for commercial purposes, other than using the i				
<u> </u>	NAME OF COMMITTEE (In Full)  Friends of Chris Dodd				
	Full Name (Last, First, Middle Initial)	Transaction ID: 00319.E12655			
A.	Paul Haaga	Date of Disbursement			
	Mailing Address 1743 Fairmount Ave	03 / 10 / 2010			
	City	State Zip Code		Amount of Each Disbursement this Period	
	La Canada Flintrid	CA 91011-		400.00	
	Purpose of Disbursement Refund of Contribution Refund of Contrib		010	Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbu	sement For:2010			
	Senate	Primary X General			
	President State: District:	Other (specify) ▼			
_	Full Name (Last, First, Middle Initial)			Transaction ID: 00316.E12140	
B.	Theodore Hack		•	Date of Disbursement	
	Mailing Address 1314 21st St S			02 / 22 / 2010	
	City	State Zip Code		Amount of Each Disbursement this Period	
	Arlington	VA 22202-			
	Purpose of Disbursement			1100.00	
	Refund of Contribution Refund of Contrib  Candidate Name		010 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Control of the		Туре	11 O.I. IX. 400.00	
	Office Sought: House Disbu	sement For: 2010 Primary X General			
	President	Other (specify) ▼			
	State: District:				
	Full Name (Last, First, Middle Initial)			Transaction ID: 00316.E12141	
C.	Myrna Haft			Date of Disbursement	
	Mailing Address 25 Knollwood Drive	02 7 22 7 2010			
	City Greenwich	State Zip Code CT 06830-		Amount of Each Disbursement this Period	
	Purpose of Disbursement			2400.00	
	Refund of Contribution Refund of Contrib  Candidate Name  O10  Category/			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbu	rsement For: 2010	Туре		
	Senate Disbu	Primary X General			
	President	Other (specify) ▼			
1-	State: District:				

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only) ......